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## NORTHWEST REGIONAL MENTAL HEALTH BOARD, INC.

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Central Naugatuck Valley Catchment Area Council #20  
Housatonic Mental Health Catchment Area Council #21  
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### Testimony for the Appropriations Committee February 23, 2017

#### Regarding HB #7027 concerning the state budget, specifically the budget for the Department of Mental Health and Addiction Services (DMHAS)

Good evening Senator Osten, Sen. Formica, Rep. Walker, Sen. Hartley, Sen. Miner, Rep. Genga, Rep. Ziobron and members of the committee.

My name is Janine Sullivan-Wiley and I am the Executive Director of the Northwest Regional Mental Health Board, Inc. - Region Five in Connecticut. As background, the Regional Boards were **established by state statute** (Sec. 17a-484) **42 years ago to provide a community-based assessment, planning and oversight entity for mental health services**. Our region covers the 43 towns of Northwest Connecticut. We represent all stakeholders, and work in collaboration with other entities and regions, assuring that we understand the scope of an issue, whether it is local, regional or state-wide.

I am here to comment on the state budget, specifically the portion of the budget as it relates to DMHAS.

Clearly, the state has a very difficult fiscal situation that must have an impact on the spending side of the budget. Difficult decisions are necessary for the state's elected representatives. I truly appreciate the opportunity to comment with the perspective gained through our region, and through state-wide initiatives.

At this time, community services are already at or over capacity – making further cuts **when mental health and substance abuse issues are such high priorities for all of our communities** seems like the wrong place to cut. Grant funding for DMHAS services has been cut by more than \$26 million, a cut of more than 25%, since Fiscal Year 2013. State-operated services have experienced ongoing staff reductions. All of that as **demand is rising**.



The budget as proposed by the Governor has several components that merit comment:

- Considerable **efficiency has been proposed through the privatization of certain state services**. It is critical that any such process be done carefully, thoughtfully, and reasonably.
  - **PNP services may be less expensive to operate, but they MUST be funded adequately and realistically to assure that the services can be provided well**. There needs to be consideration of the fact that they have historically been grossly under-funded.

- **Wherever privatization is planned, adequate time must be built in to allow orderly transitions** for both agencies and the very vulnerable people they serve. **Clients and staff are not machine parts that can be swapped out.** In our region we have observed that **an orderly transfer of responsibility, without traumatizing clients, is at least a one-year process.** We're glad that this is proposed with a no-layoff option.
- The Governor has proposed combining three grant funding line items, Grants for Mental Health Services, Grants for Substance Abuse Services and Employment Opportunities, into one and then cutting the combined line by \$4.7 million in each fiscal year. **Grant-funded programs are already at bare-bones.** Further cuts will reduce services. As noted, **this is at a time of increased demand.**
- Some **cuts have been proposed as an offset to billing as the Affordable Care Act** was supposed to assure that everyone has health care coverage. While Connecticut may have the lowest rate of uninsured,
  - The ACA is itself threatened.
  - There are still many uninsured people and they are served by DMHAS.
  - Even those with insurance may have such high co-pays that they cannot afford or must delay behavioral health care.
  - Many individuals with Medicaid go through periods without insurance ("spend-downs").

For all of the above situations, **providers (especially outpatient care providers) rely on grants to cover their costs in providing these services.** Deferred or inaccessible care means people end up using emergency care, which is expensive and means care is obtained after lives have deteriorated badly. Not cost effective!

- Our region has already seen reduction in capacity and closures of community agencies. Other providers are scrambling to meet that demand, with all at or over capacity. **We cannot afford to lose more resources in the community.**
- The services of the **Connecticut Legal Rights Project** have been proposed for heavy cuts. CLRP provides very important legal supports to people living in the community who are faced with issues that other legal services do not cover.

**Lastly,** in this **rapidly changing landscape**, there is *more need for community based assessment, planning and advocacy with strong connections to all of the stakeholders.* **That is the role of the Regional Boards,** one that we have fulfilled - very economically – for over 42 years. **This is NOT the time for "consolidation,"** which when the dollars are analyzed **really is "elimination."**

With a rapidly changing landscape of community services, **now more than ever the Regional Boards are critical as the voice of the community and consumer advocacy.**

Clearly the state has to respond to the budget crisis. **But we urge you to do this in a manner that preserves critical mental health and substance abuse services and the oversight to marshal the system through the changes successfully.**



Thank you.